

OFFICE OF THE AUDITOR GENERAL
201 N. Washington Square, Suite 600
Lansing, MI 48913
Employment Application for Auditor Position

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|---|--|--|---------------------------|--|
| APPLICANT'S FULL NAME (LAST, FIRST, MIDDLE) | | SOCIAL SECURITY NUMBER | | |
| STREET ADDRESS/P.O. BOX NUMBER | | CITY | | STATE |
| ZIP CODE | | | | |
| HOME PHONE NUMBER () | | WORK PHONE NUMBER () | | SCHOOL PHONE NUMBER () |
| UNITED STATES CITIZEN? YES [] NO [] | | IF NO, ARE YOU AUTHORIZED TO WORK IN THE USA? YES [] NO [] | | VETERAN? YES [] NO [] |
| CURRENT EMPLOYMENT | | | | |
| EDUCATION - PLEASE ATTACH COPIES OF YOUR COLLEGE TRANSCRIPTS | | | | |
| COLLEGE OR UNIVERSITY | | DEGREE | DATE GRANTED/ EXPECTED | MAJOR |
| | | | | SEMESTER HOURS IN ACCOUNTING |
| | | | | |
| | | | | |
| CERTIFIED PUBLIC ACCOUNTANT? YES [] CERTIFICATE# NO [] | | PASSED C.P.A. EXAM? YES [] NO [] | | SAT FOR C.P.A.. EXAM? YES [] NO [] |
| OTHER PROFESSIONAL CERTIFICATIONS | | | | |
| | | | | |
| CERTIFICATION I HEREBY CERTIFY THAT ALL INFORMATION ON THIS AND ALL ATTACHED PAGES, INCLUDING MY RESUME, IS TRUE, CORRECT, AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND CONTAINS NO WILLFUL FALSIFICATIONS OR MISREPRESENTATIONS. I AM AWARE THAT FALSIFICATIONS OR MISREPRESENTATIONS MAY DISQUALIFY ME FROM CONSIDERATION FOR EMPLOYMENT WITH THE OFFICE OF THE AUDITOR GENERAL OR, IF HIRED, MAY BE GROUNDS FOR TERMINATION AT A LATER DATE. I AM AWARE THAT PREVIOUS EMPLOYERS AND OTHERS LISTED HEREIN MAY BE CONTACTED AS REFERENCES. | | | | |
| SIGNATURE | | | DATE | |

| | | |
|--|---|------------------------------|
| AUTHORIZATION WAIVER I, THE UNDERSIGNED, AUTHORIZE THE DEPARTMENT OF STATE POLICE TO CONDUCT A CRIMINAL HISTORY FILE CHECK BY NAME AND IDENTIFIERS TO DETERMINE THE EXISTENCE OF ANY ARREST RESULTING IN CONVICTION AND THE DEPARTMENT OF STATE TO CONDUCT A CHECK OF MY DRIVING RECORD AND TO FURNISH THE RESPONSES TOT HE OFFICE OF THE AUDITOR GENERAL. | | |
| APPLICANT'S FULL NAME (LAST, FIRST, MIDDLE) | | (MAIDEN NAME, IF APPLICABLE) |
| DATE OF BIRTH | GENDER (CIRCLE ONE) M F | RACE |
| DRIVERS LICENSE NUMBER | | |
| SIGNATURE | | DATE |

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Employment Application for Auditor Position
(Continued)

REFERENCES: PLEASE LIST AT LEAST THREE PERSONS WHO ARE NOT RELATED TO YOU, WHOM WE MAY PERSONALLY CONTACT, AND WHO CAN PROVIDE AN OBJECTIVE ASSESSMENT OF YOUR CHARACTER AND WORK ETHIC.

| NAME | COMPLETE ADDRESS | POSITION | YEARS KNOWN |
|------|------------------|----------|----------------|
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ADDITIONAL COMMENTS: THE FOLLOWING INFORMATION SHOULD BE COMPLETED
IN YOUR OWN HANDWRITING

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| 1. Explain why you decided to pursue an accounting career. |
| 2. How do you think this position will help you in attaining your career objectives? |